

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24794

BIRTH NO. 47509-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1576

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHMOND HTS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FLORISSAN MO</b>	
c. LENGTH OF STAY (in this place) <b>1 HR</b>		d. STREET ADDRESS (If rural, give location) <b># 80 CLEARVIEW DR.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARYS Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BABY</b>		b. (Middle) <b>WALSH</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 10 1955</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NO</b>	8. DATE OF BIRTH <b>JULY 10, 1955</b>
9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours	12. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE - INFANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>GEORGE WALSH</b>		13b. MOTHER'S MAIDEN NAME <b>JANICE MUGH</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>GEO. WALSH</b>		ADDRESS <b>80 CLEARVIEW DR.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>On defect due to early placental separation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>placental previa - precipitous delivery</b> DUE TO (c) <b>Revere hem. of marks</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>15 min before death</b> <b>7/10/55</b> , that I last saw the deceased alive on <b>7/10/55</b> , and that death occurred at <b>1:30 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. K. Nemethy M.D.</b>		23b. ADDRESS <b>35 N Central, Clayton</b>	
23c. DATE SIGNED <b>7/11/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7/10/55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>7/11/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>SULLIVANS</b>		ADDRESS <b>2849 N. Euclid Ave</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**